

CLAIMS ONLY

Application Number

" Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
2						
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48						
49						
50						
Total						
Indep.	3					
Total	22					
Depend.						
Total	25					
Claims						

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depe
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Claims						